

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183



Check if different than previously reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00091892

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the State of



(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the State of



5. Covering Period

07

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOHN M. ROBINSON, CPA

Signature of Treasurer

Electronically filed by

JOHN M. ROBINSON, CPA

Date

10

10

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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Use
Only

FEC FORM 3
(Revised 02/2003)

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